RECEIVED

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Bux 1450
Alexandria, Virginia 22313-1450 OFFICE OF PETITIONS INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where indicated unless covered below or discussed the Patent, advance orders and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence address and notification of maintenance fees will be mailed to the current coverence and current coverence and

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					cate of mailing	r (b) indicating a se	eparate "FEE ADDRESS" for	
77494	22 494 7590 06/ti3/2009				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
DALY, CROW SUITE 301A 354A TURNPIK CANTON, MA (Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
	02021-2714			/lary H. W	nite		(Depositor's name)	
				Man	7 H. h	Lite	(Signature)	
APPLICATION NO.	FILING DATE			21	aug 2	2009	(Date)	
10/814,852	03/31/2004		FIRST NAMED INVENTO	R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
	SYSTEM AND METH	OD FOR REDUCING T	Maurizio Fava HE PLACEBO EFFECT	IN CONTRO	M. LED CT DW	IGH-028AUS	5608	
			21201	II CONTRO	CLINIC	LALTRIALS		
							•	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAII	ISSUE FEE	TOTAL PEE(S) DU	E DATE DUE	
nonprovisional	YES	\$755	30	5	50	\$755	09/03/2009	
EXAMI		ART LINIT	CLASS-SI/BCLASS	7				
SQUIRES, I		3626	705-002000	┛.				
1. Change of corresponden CFR 1.363).	2. For printing on the	patent from pa	ige, list	Daly Croy	ulou Mafford 9 Dunlage 11 5			
Change of correspor	(1) the names of up to or agents OR, afternati	vely.),	vley, Mofford & Durkee, LLF			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENCE (miles					
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee of letion of this form is NO	data will appear on the p	atent. If an a	nssignce is ide	ntified below, the d	ocument has been filed for	
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							-	
The General Ho	spital Corporation		Boston, MA			•		
Please check the appropriat	e assignee category or o	rategories (will not be pri	nied on the parents :	Individual	71 c			
4a. The following fee(s) are							oup entity Government	
Issue Fee	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.							
Publication Fee (No : Advance Order - # o	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500845 (prefet on order order or order or order							
		· · · · · · · · · · · · · · · · · · ·	Overpayment, to Depor	authorized to sit Account N	charge the required	uired fee(s), any del 845 (enclose ar	ficiency, or credit any extra copy of this form).	
5. Change in Entity Status a. Applicant claims S.	(from status indicated							
NOTE: The Issue Fee and P	ublication Fee (if requi	red) will not be accepted	b. Applicant is no long	er claiming S	MALL ENTIT	Y status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and P interest as shown by the reco	nustri the United State	s Patent and Trademark (Office.	е приски.	registered and	orney or agent; or the	e assigned or other party in	
Authorized Signature	(/witpi	US. Dy	4	Date	8121	09		
Typed or printed name	Christopher S. Da	aly)	Panietenti	on No. 37,3	103		
This collection of information an application. Confidentialistubration is completed applies of the completed applies form and/or suggestions. Box 1450, Alexandria, Virgia Alexandria, Virgia Personal Section 1988.	nia 22313-1450. DO N 1450.	OT SEND FEES OR CO	Unici Information Officer OMPLETED FORMS TO	tain a benefit mated to take dual case. An . U.S. Patent THIS ADDR	by the public of 12 minutes to by comments of and Tradenark (ESS. SEND T	which is to file (and complete, including in the amount of time to Office, U.S. Departo: Commissioner for	tment of Commerce, P.O.	
Under the Paperwork Reduct	ron Act of 1995, go per	rsons are required to respo	and to a collection of info	rmation unles	s it displays a v	alid OMB control o	ninka	